

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**01 593, 739**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1 2					53						
4		2 1					54						
5		1 1					55						
6		1 1					56						
7		1 1					57						
8		1 1					58						
9		1 1					59						
10		1 1					60						
11		1 1					61						
12		1 1					62						
13		1 1					63						
14		1 1					64						
15		1 1					65						
16	1						66						
17		1					67						
18		1 2					68						
19		1					69						
20		1 1					70						
21		1 1					71						
22		1 1					72						
23		1 1					73						
24		1 1					74						
25		1 1					75						
26		1 1					76						
27		1 1					77						
28		1 1					78						
29		1 1					79						
30		1 1					80						
31	1						81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	24	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	26						TOTAL CLAIMS						